

# An Overview of Asthma Education Reimbursement

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# Introduction-What is an AE-C?

## Skills

- Expert in teaching self management education
- Assessment, use of devices, partnering with patient/family, community resource

## Qualifications

- Licensed medical professional or 1000+ hours providing asthma education and counseling
- Take exam, pay \$295.00 fee

## History

- 1999-Educators from a range of medical professionals to organize a national board
- Certification developed, first exam in Sept. 2002



# How does the MACP support AE-Cs?

- Montana Asthma Control Program wants to “increase access to quality asthma education at multiple points of care.” (State Asthma Plan Healthcare Objective 3)
- Sponsor Asthma Educator Initiative in MT
- HOWEVER, we believe that not having asthma education reimbursed is a major hindrance to providers who want to certify and provide quality education to patients

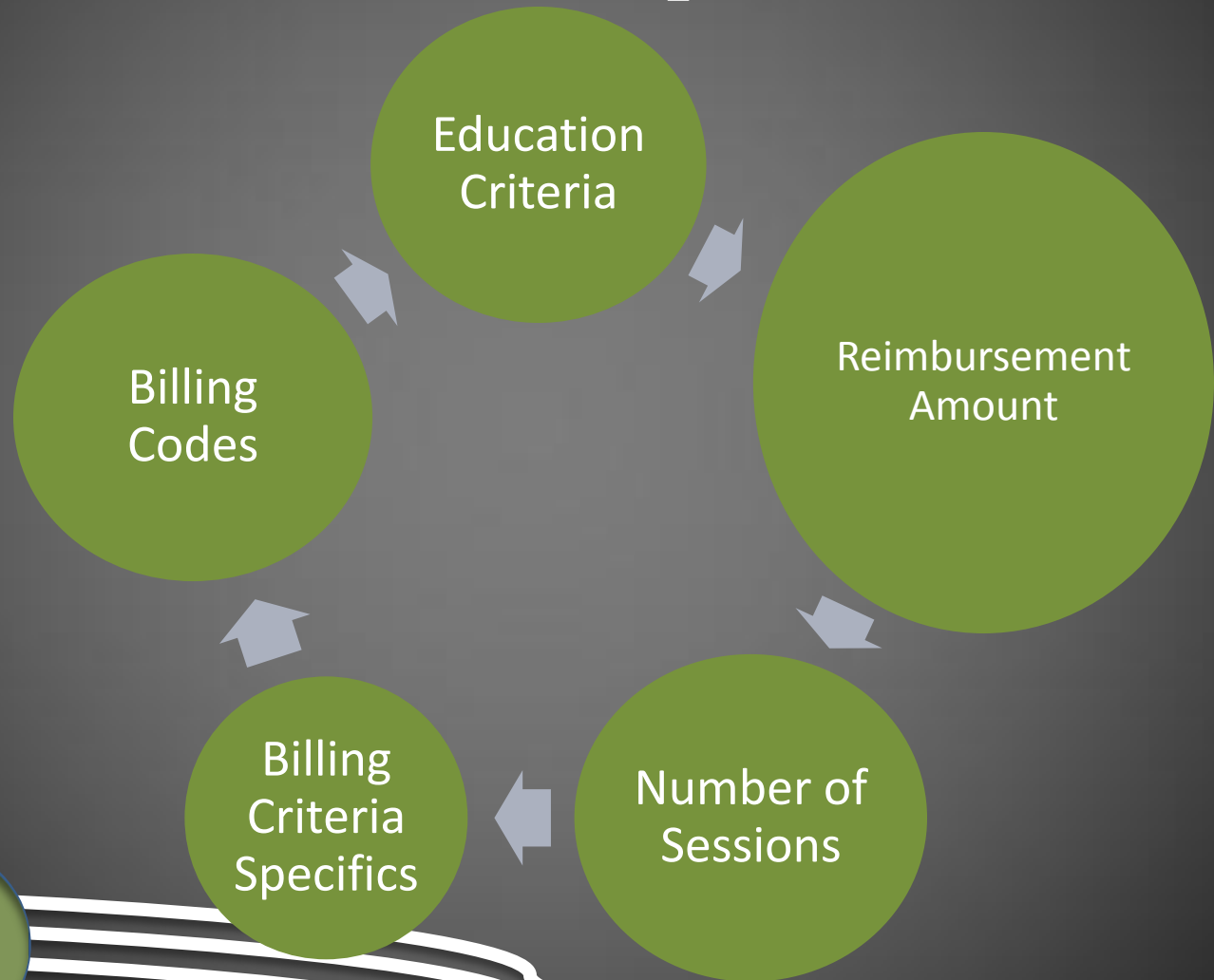


# The Proposal

- In October 2009, MACP was approached by BCBSMT to write a proposal for asthma education reimbursement
- Turn around time=24 hours
- Quickly met with a few AE-Cs, formulated a proposal based on one created in MN



# BCBSMT Proposal



# The response:

No system for  
pharmacists,  
RRTs etc to bill  
(non-providers)

Show us the  
evidence!



# The Evidence

Asthma Regional Council of New England  
(ARC)

Still emerging....

Investing in best  
practices- A Business  
Case

Asthma: A Business  
Case for Employers  
and Health Care  
Insurers

Insurance Coverage  
for Asthma- A Value  
and Quality Checklist  
for Purchasers of  
Health Care



# The Evidence

Key Quote:

“At a population level, it is best to align insurance coverage with recognized best practices, especially when they are proven to promote value-based care.”





# The Evidence

What are best practices in asthma?



Expert Panel Report-3  
(EPR-3) Asthma  
Guidelines



# The Evidence

Use spirometry  
to assess  
disease severity  
and control

Environmental  
control measures  
to avoid or  
eliminate asthma  
triggers

Four Best  
Practices For  
Improving  
Asthma  
Outcomes

Comprehensive  
drug therapy to  
reverse and  
prevent airway  
inflammation and  
constriction

Patient  
education that  
fosters a  
partnership  
among the  
patient, family  
and clinicians



# The Evidence: Published Studies

## Bolton et al

- RCT
- 3 one hour group sessions to high risk adults by RN
- Cost \$85/patient
- 59% fewer ED visits
- Saved \$22.50 in health care costs for every \$1 spent

## Clark et al

- RCT
- 6 one hours individual session with high risk kids
- \$1558/patient
- 58% fewer hospitalizations, 59% fewer ED visits
- Saved ~\$11.22 in healthcare costs for every \$1 spent on program

## Greineder et al

- RCT
- Comprehensive management services for high risk children, education delivered by Case Manager
- \$190/patient
- 57% fewer ED visits; 75% fewer hospitalizations
- Saved ~\$9 for every \$1 spent on case manager

## Trautner et al

- Pre-post intervention
- Delivered by specialized nurse educator to high risk adults with asthma while in hospital
- \$233/patient
- Reduced missed work days, physician visits, attacks
- Saved \$3 in healthcare and lost work days for every \$1 spent



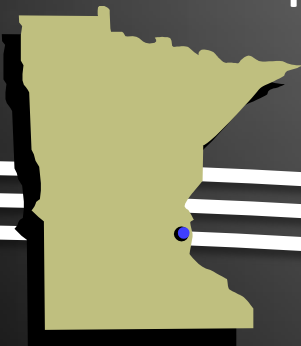
# Other State's Reimbursement Programs

Even though evidence for MT is still needed, at least three other states have secured some form of reimbursement for asthma education.



# Minnesota

- Effective 10/1/04
- Medica State Public Program members
- Individual or group setting
- Instructors must be AE-Cs
- Course content specified
- Pre-post tests recommended
- Billing specifics
- New patient-10 sessions, Established patient – 3
  - Bill with HCPCS code S9441



# New York

- 2008-09 Executive Budget amended law to require asthma/diabetes services for Medicaid clients
- AE-C who is or is working under a Medicaid provider
- Newly diagnosed or complex condition=10 hours/6 months
- Medically stable = 1 hour in 6 months
- CPT Codes= All 30 minute sessions
  - 98960- Individual session
  - 98961- Group session 2-4 patients
  - 98962- Group session -5-8 patients



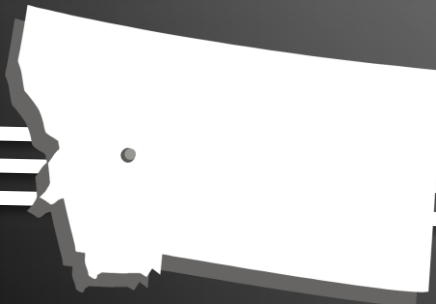
# Massachusetts

- June 30, 2010- Law mandating a global or bundled payment system for high-risk pediatric asthma patients
- Covers: Patient ed, environmental assessments, mitigation of asthma triggers, purchase of DME
- Piloted in communities with highest rates of asthma
- Mandate for a limited time-future after 2012 unclear



# What will our strategy be?

- How can we engage healthcare payers?
- Should we work for a voluntary system or a legislative mandate?
- How can we best gather MT-specific evidence for the effectiveness of asthma ed?





# What will our strategy be?

- Need to engage/better organize the AE-C and other interested partners for advocacy
- Come to consensus on a proposal for MT payers
- Will spend afternoon discussing specifics

